

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575,337

FILING DATE

4-7-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14		1				
15						
16	1					
17						
18						
19						
20						
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23						
24						
25						
26						
27						
28						
29						
30						
31						
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39						
40						
41		1				
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						